

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY
CERTIFICATION OF FILING**

Certificate Number:
2024-1188039

Date Filed:
07/16/2024

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

emocha Mobile Health Inc (dba Scene)
Brooklandville, MD United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Hidalgo County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

24-0205
Contract #24-0205

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Roche, Dan	Baltimore, MD United States	X	
	Bollinger, Bob	Baltimore, MD United States	X	
	Wheaton, Cal	Baltimore, MD United States	X	
	Sexton, Theresa	Nashville, TN United States	X	
	Seiguer, Sebastian	Baltimore, MD United States	X	

5 Check only if there is NO Interested Party.


6 UNSWORN DECLARATION

My name is Sebastian Seiguer, and my date of birth is [REDACTED]

My address is 10807 Falls Road, #828, Brooklandville, MD, 21022, USA
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Baltimore County, State of Maryland, on the 17 day of July, 20 24
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY
 CERTIFICATION OF FILING**

Certificate Number:
 2024-1188039

Date Filed:
 07/16/2024

Date Acknowledged:
 08/09/2024

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
 emocha Mobile Health Inc (dba Scene)
 Brooklandville, MD United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
 Hidalgo County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
 24-0205
 Contract #24-0205

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Roche, Dan	Baltimore, MD United States	X	
	Bollinger, Bob	Baltimore, MD United States	X	
	Wheaton, Cal	Baltimore, MD United States	X	
	Sexton, Theresa	Nashville, TN United States	X	
	Seiguer, Sebastian	Baltimore, MD United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the ____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)